

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a class E Household Good
Certificate from Xclusive 234 LLC dba
Xclusive 234 Moving & Logistics

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Abayomi EgbemuyiwaTelephone: 864-504-4886Address: 1409 Roper Mountain Road Apt 361

Fax: _____

Greenville, SC 29615

Other: _____

Email: xclusive234llc@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input checked="" type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
FEB 17 2022
PSC SC
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 2/4/2022

- ☒ E (HHG) - Household Goods
☐ E (HAZ) - Hazardous Material

IMPORTANT! If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application
☐ Amended Scope of Authority

Current Scope:
(list counties)

Amended Scope:
(list counties)

1.

xclusive 234 LLC dba

Xclusive 234 Moving & Logistics

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

1409 Roper Mountain Road Apt 361 Greenville, SC 29615

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-504-4886

Phone

FAX

xclusive234llc@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Abayomi Egbemuyiwa 1409 Roper Mountain Road Apt 361 Greenville, SC 29615

4. Is applicant certified to provide **intrastate** transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.

5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of convictions below.

6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

If yes, list dates and nature of revocations below.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|--------|------------------------------|---|
| Value of Real Estate | 0 | Mortgage/Loan on Real Estate | 0 |
| Value of Motor Vehicles | 0 | Loans Owed on Motor Vehicles | 0 |
| Cash on Hand | 22,700 | Business/Other Loans Owed | 0 |
| Cash in Bank | 2,400 | Other Liabilities or Debts | 0 |
| Value of Other Assets and Equipment | 0 | Total Liabilities | 0 |
| Total Assets | 25,100 | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

\$105 per hour for two men

\$30 per hour for each additional man

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT |
|------|--------------|------|--------------|
|------|--------------|------|--------------|

Let me tell you about the first time I ever
 saw a rainbow. It was on a rainy day, and
 I was walking home from school. The sun
 came out for just a moment, and there it was,
 a beautiful rainbow in the sky. I had never
 seen one before, and it was so colorful and
 bright. I stood there for a long time, just
 looking at it. It was like a bridge in the sky,
 connecting the earth to something beautiful and
 magical. I had heard that rainbows were made
 of light, but I didn't know they were made of
 hope and dreams too. That day, I realized
 that even in the darkest of times, there is
 always a light at the end of the rainbow.

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Xclusive 234 Moving & Logistics

Name of Applicant

1409 Roper Mountain Road Apt. 361 Greenville, SC 29607

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 4801

Limits 750,000

Cargo Insurance \$ 636

Limits 5,000

* Attach Certificate of Insurance if available.

Progressive Insurance / Newton Company

Name of Insurance Company

PO BOX 26493 , Greenville, SC 29616

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

| | |
|--|------------|
| Vehicle liability for vehicles less than 10,000 lbs. GVWR | \$ 500,000 |
| Vehicle liability for vehicles 10,000 lbs. or more GVWR | \$ 750,000 |
| Cargo - For loss of or damage to property carried on any one motor vehicle | \$ 2,500 |
| For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place | \$ 5,000 |

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Exclusive 234 Moving & Logistics

Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgments here:

| |
|--|
| |
|--|

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

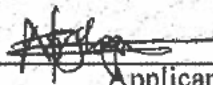
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 13 day of Feb, 2022


Notary Public

Commission Expires 9/25/27



FROM: KATHLEEN FULMIRE FAX: 803/252-0122 Page: 11 of 14 02/13/2022 8:03 PM

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Xclusive 234 LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 26th, 2022, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 27th day
of January, 2022.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 27 2022
REFERENCE ID: 957068

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Xclusive 234 LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
1409 Roper Mountain Road APT 361

(Street Address)

Greenville, South Carolina 29615

(City, State, Zip Code)

3. The initial agent for service of process is

Abayomi Egbemuyiwa

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
1409 Roper Mountain Road APT 361

(Street Address)

Greenville

South Carolina 29615

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Abayomi Egbemuyiwa

(Name)

1409 Roper Mountain Road APT 361

(Street Address)

Greenville, South Carolina 29615

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 27 2022

REFERENCE ID: 957068


SECRETARY OF STATE OF SOUTH CAROLINA

Exclusive 234 LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jan 27 2022

REFERENCE ID: 957068


SECRETARY OF STATE OF SOUTH CAROLINA

Xclusive 234 LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Abayomi Egbemuyiwa

Signature of Organizer

Date: 01/26/2022

Signature of Organizer

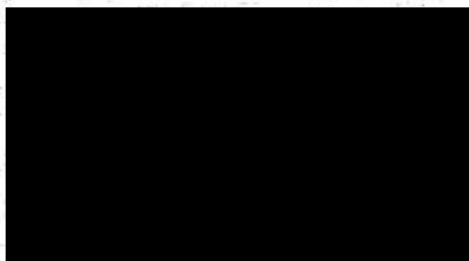
Date:

Personal Identification Information

Name of Applicant:

Address:

Federal Employer
Identification Number:



***** Confidential *****

For Internal Use Only

NEWTON INSURANCE
PO BOX 26493
GREENVILLE, SC 29616

PROGRESSIVE
COMMERCIAL

Exclusive 234 LLC
Exclusive 234 moving & logistics
1409 ROPER MOUNTAIN ROAD APT 361
GREENVILLE, SC 29615

Underwritten by:
Progressive Northern Insurance Co
February 17, 2022
Policy Period: Feb 17, 2022 - Feb 17, 2023
Page 1 of 2
Customer Phone number: 1-843-453-1684

Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through agent.progressive.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

Policy information

Business: Movers/Moving Operations

Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

| | |
|--------------------------------|------------|
| Total policy premium | \$4,801.00 |
| Paid in full discount | -696.00 |
| Policy premium if paid in full | \$4,105.00 |

Payment plans

Electronic Funds Transfer (EFT) assures that your payment is on time. Each payment includes a \$3.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|-----------------------------|---------------|-----------------|--|
| 11 Payments, 16.67% Down | \$4,801.00 | \$802.00 | 10 payments of \$402.90 |
| 10 Payments, 20.0% Down | \$4,801.00 | \$961.80 | 8 payments of \$429.58 and 1 of \$429.56 |
| 6 Pay, Seasonal, 20.0% Down | \$4,801.00 | \$961.80 | 5 payments of \$770.84 |
| 10 Payments, 25.0% Down | \$4,801.00 | \$1,201.75 | 8 payments of \$402.92 and 1 of \$402.89 |
| 4 Pay, Seasonal, 25.0% Down | \$4,801.00 | \$1,201.75 | 3 payments of \$1,202.75 |
| 2 Payments, 50.0% Down | \$4,801.00 | \$2,401.50 | 1 payments of \$2,402.50 |

Make payments by mail or at agent.progressive.com. Each payment includes a \$6.00 installment fee.

| Payment plan | Total premium | Initial payment | Payments |
|------------------------------|---------------|-----------------|--|
| 1 Payment | \$4,105.00 | \$4,105.00 | None |
| 11 Payments, 16.67% Down | \$4,830.00 | \$806.83 | 9 payments of \$408.32 and 1 of \$408.29 |
| 11 Payments, 20.0% Down | \$4,830.00 | \$967.60 | 10 payments of \$392.24 |
| 10 Payments, 20.0% Down | \$4,830.00 | \$967.60 | 8 payments of \$435.16 and 1 of \$435.12 |
| 6 Pay, Seasonal, 20.0% Down | \$4,830.00 | \$967.60 | 5 payments of \$778.48 |
| 10 Payments, 25.0% Down | \$4,830.00 | \$1,209.00 | 8 payments of \$408.34 and 1 of \$408.28 |
| 4 Pay, Seasonal, 25.0% Down | \$4,830.00 | \$1,209.00 | 3 payments of \$1,213.00 |
| 4 Pay, Quarterly, 25.0% Down | \$4,830.00 | \$1,209.00 | 3 payments of \$1,213.00 |
| 2 Payments, 50.0% Down | \$4,830.00 | \$2,416.00 | 1 payment of \$2,420.00 |
| Outside Premium Financing | \$4,830.00 | \$4,830.00 | None |

 Continued

Exclusive 234 LLC

Page 2 of 2

To purchase insurance

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-864-244-8800**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

Rated drivers

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

| Name | Date of Birth | Points | Additional information |
|--------------------|---------------|--------|------------------------|
| Abayomi Egbemuyiwa | | | |

Outline of coverage

| Description | Limits | Deductible | Premium |
|---|-------------------------------------|------------|----------------|
| Liability To Others | | | \$4,257 |
| Bodily Injury and Property Damage Liability | \$750,000 combined single limit | | |
| Uninsured Motorist | | | 68 |
| Bodily Injury | \$100,000 combined single limit | | |
| Property Damage | (included in combined single limit) | \$200 | |
| Underinsured Motorist | | | 59 |
| Bodily Injury | \$100,000 combined single limit | | |
| Property Damage | (included in combined single limit) | \$0 | |
| Medical Payments | \$1,000 each person | | 10 |
| Comprehensive | | | 108 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 297 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Subtotal policy premium | | | \$4,799 |
| UM Fund Fee | | | 2 |
| Total 12 month policy premium and fees | | | \$4,801 |

Auto coverage schedule

- 2001 INTERNATIONAL 4000** Stated Amount: * \$10,000 (including Permanently Attached Equip)
VIN: **1HTSCABLX1H344034** Garaging Zip Code: 29615 Radius: 50 miles
Personal use: N Body type: Box Truck

| Liability Premium | Liability Premium | UM Premium | UM Premium | Med Pay Premium |
|-------------------------|-----------------------|--------------------|----------------------|-------------------|
| \$4257 | \$68 | \$59 | \$10 | |
| Physical Damage Premium | Comp/Glass Deductible | Comp/Glass Premium | Collision Deductible | Collision Premium |
| \$500/\$0 | \$108 | \$500 | \$297 | |
| | | | | Auto Total |
| | | | | \$4,799 |

*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy

Electronic Funds Transfer

Form QUOTE (03/17)